

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042367 (7)
 1. Corporation Name
INTER-SCRAP INTERNATIONAL INC.

Principal Place of Business 2801 GUY VERGER BLVD TAMPA FL 33605	Mailing Address 2801 GUY VERGER BLVD TAMPA FL 33605
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 AS ABOVE	Suite, Apt. #, etc.	26 AS ABOVE	Suite, Apt. #, etc.	05/09/1997	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Country	59-3440304	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HOLMES, M J
2801 GUY VERGER BLVD
TAMPA FL 33805

10. Name and Address of New Registered Agent

81 Name	M. J. HOLMES
82 Street Address (P.O. Box Number is Not Acceptable)	2801 GUY VERGER BLVD.
83	
84 City	TAMPA
85 Zip Code	FL 33605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **M. J. HOLMES** DATE **4/23/98**

12. OFFICERS AND DIRECTORS

TITLE	OWNER / DIRECTOR	<input type="checkbox"/> DELETE
NAME	M. J. HOLMES	
STREET ADDRESS	2801 GUY VERGER BLVD	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	MANAGER	<input type="checkbox"/> DELETE
NAME	JOHN HOLMES	
STREET ADDRESS	2801 GUY VERGER BLVD	
CITY-ST-ZIP	TAMPA, FL, 33605	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *[Signature]* **M. J. HOLMES** DATE **4/23/98**

CR2E034 (10/97)